

ORIGINAL

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NURSE AIDE REGISTRY

Social Security Act Section 1919(e)(2) The Department responsible for the establishment and maintenance of a registry of trained and competent nurse aides is the Minnesota Board of Nursing under contract to the Minnesota Department of Human Services (the single state agency) and the Minnesota Department of Health (the state survey agency).

Effective January 1, 1989, the Minnesota Board of Nursing (MBN) shall develop and maintain a nursing assistant registry of individuals employed in skilled nursing facilities (SNFs) and nursing facilities (NFs) who have successfully completed a state approved nursing assistant training and competency evaluation program of a minimum of 75 hours or a nursing assistant competency evaluation program. The registry will also identify nursing assistants who have successfully completed a retraining program. Information on the registry will be available to the public.

Currently employed nursing assistants (as of June 30, 1989) will be required to successfully complete a nursing assistant competency evaluation program between July 1, 1989 and December 31, 1989 to be included in the registry. Beginning July 1, 1989 newly employed nursing assistants must successfully complete a state approved nursing assistant training and competency evaluation program of at least 75 hours to be included in the registry. After January 1, 1990, a nursing facility must not employ an individual as a nursing assistant unless the facility has inquired of the MBN registry as to the information in the registry concerning that individual.

The following items will be the minimum maintained in and retrievable from the nurse aide registry for each individual listed there:

- current name and address at the time the competency evaluation was conducted;
- date of birth;
- Social Security Number;
- SNF or NF where employed or most recent date and place of employment; and
- name and address of approved training and competency evaluation program and date successfully completed.

The above data will be reported to the registry within 60 days of successful completion of the training and competency evaluation program or competency evaluation program.

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Nursing assistants will be responsible for informing the registry of any changes in their:

- name;
- address; and
- place of employment.

An individual on the registry who has not performed nursing or nursing-related services for monetary compensation for a continuous 24-month period after completion of a training and competency evaluation program, must complete a new training and competency evaluation program in order to remain in the registry.

Beginning October 1, 1990, the registry also shall contain information addressing the substantiated findings of any state investigations concerning resident abuse or neglect or misappropriation of resident property by a nursing assistant or any other individual employed in a nursing facility, and a brief statement (if any) by the individual disputing the findings. In the case of inquiries to the registry concerning an individual listed in the registry, the information disclosed shall also include a clear and accurate summary of the finding of resident abuse/neglect or misappropriation of resident property.

Allegations of resident neglect, abuse, or misappropriation of resident property will be investigated by the Minnesota Department of Health (MDH). No record of the allegation shall be added to the registry until the incident has been investigated, the individual has been accorded a hearing and the allegations have been substantiated; or the individual has waived his/her right to a hearing. Only MDH, based on documented findings, shall place the individual's name in the registry concerning the substantiated allegation.

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MORATORIUM ON THE CERTIFICATION OF ADDITIONAL MEDICAID BEDS (SNF/ICF):

Notwithstanding the provisions of the State's Certificate of Need Act, or any other law to the contrary, Minnesota law requires the commissioner of health, in coordination with the commissioner of human services, to deny each request by a nursing home or boarding care home, for addition of new Medicaid certified beds or the addition of new licensed nursing home beds. Facilities are allowed to change certification status within a licensure level.

EXCEPTIONS TO THE MORATORIUM:

The commissioner of health, in coordination with the commissioner of human services, may approve the addition of a new certified bed or the addition of a new licensed nursing home bed, under the following conditions:

(a) to replace a bed decertified after May 23, 1983 or to address an extreme hardship situation, in a particular county that, together with all contiguous Minnesota counties, has fewer nursing home beds per 1,000 elderly than the number that is ten percent higher than the national average of nursing home beds per 1,000 elderly individuals. For the purposes of this section, the national average of nursing home beds shall be the most recent figure that can be supplied by the federal health care financing administration and the number of elderly in the county or the nation shall be determined by the most recent federal census or the most recent estimate of the state demographer as of July 1, of each year of persons age 65 and older, whichever is the most recent at the time of the request for replacement. In allowing replacement of a decertified bed, the commissioners shall ensure that the number of added or recertified beds does not exceed the total number of decertified beds in the state in that level of care. An extreme hardship situation can only be found after the county documents the existence of unmet medical needs that cannot be addressed by any other alternatives;

(b) to certify a new bed in a facility that commenced construction before May 23, 1983. For the purposes of this section, "commenced construction" means that all of the following conditions were met: the final working drawings and specifications were approved by the commissioner of health; the construction contracts were let; a timely construction schedule was developed, stipulating dates for beginning, achieving various stages, and completing construction; and all zoning and building permits were secured;

(c) to certify beds in a new nursing home that is needed in order to meet the special dietary needs of its residents, if: the nursing home proves to the commissioner's satisfaction that the needs of its residents cannot otherwise be met; elements of the special diet are not available through most food distributors; and proper preparation of the special diet requires incurring various operating expenses, including extra food preparation of serving items, not incurred to a similar extent by most nursing homes;

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(d) to license a new nursing home bed in a facility that meets one of the exceptions contained in clauses (a) to (c);

(e) to license nursing home beds in a facility that has submitted either a completed licensure application or a written request for licensure to the commissioner before March 1, 1985, and has either commenced any required construction as defined in clause (b) before May 1, 1985, or has, before May 1, 1985, received from the commissioner approval of plans for phased-in construction and written authorization to begin construction on a phased-in basis. For the purpose of this clause, "construction" means any erection, building, alteration, reconstruction, modernization, or improvement necessary to comply with the nursing home licensure rules;

(f) to certify or license new beds in a facility that is to be operated by the commissioner of veterans' affairs or when the costs of constructing and operating the new beds are to be reimbursed by the commissioner of veterans' affairs or the United States Veterans Administration;

(g) to license or certify beds in a new facility constructed to replace a facility that was destroyed after June 30, 1987 by fire, lightning, or other hazard provided:

(1) destruction was not caused by the intentional act of or at the direction of a controlling person of the facility;

(2) at the time the facility was destroyed the controlling persons of the facility maintained insurance coverage for the type of hazard that occurred in an amount that a reasonable person would conclude was adequate;

(3) the net proceeds from an insurance settlement for the damages caused by the hazard are applied to the cost of the new facility;

(4) the new facility is constructed on the same site as the destroyed facility or on another site subject to the restrictions in section 144A.073, subdivision 5; and

(5) the number of licensed and certified beds in the new facility does not exceed the number of licensed and certified beds in the destroyed facility;

(h) to license or certify beds that are moved from one location to another within a nursing home facility, provided the total costs of remodeling performed in conjunction with the relocation of beds does not exceed ten percent of the appraised value of the facility or \$200,000, whichever is less, or to license or certify beds in a facility for which the total costs of remodeling or renovation exceed ten percent of the appraised value of the facility or \$200,000, whichever is less, if the facility makes a written commitment to the commissioner of human services that it will not seek to receive an increase in its property-related payment rate by reason of the remodeling or renovation;

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(i) to license or certify beds in a facility that has been involuntarily delicensed or decertified for participation in the medical assistance program, provided that an application for relicensure or recertification is submitted to the commissioner within 120 days after delicensure or decertification;

(j) to license or certify beds in a project recommended for approval by the interagency board for quality assurance under section 144A.073;

(k) to license nursing home beds in a hospital facility that are relocated from a different hospital facility under common ownership or affiliation, provided: (1) the hospital in which the nursing home beds were originally located ceases to function as an acute care facility, or necessary support services for nursing homes as required for licensure under sections 144A.02 to 144A.10, such as dietary service, physical plant, housekeeping, physical therapy, occupational therapy, and administration, are no longer available from the original hospital site; and (2) the nursing home beds are not certified for participation in the medical assistance program;

(l) to license or certify beds that are moved from one location to another within an existing identifiable complex of hospital buildings, from a hospital-attached nursing home to the hospital building, or from a separate nursing home to a building formerly used as a hospital, provided the original nursing home building will no longer be operated as a nursing home and the building to which the beds are moved will no longer be operated as a hospital. As a condition of receiving a license or certification under this clause, the facility must make a written commitment to the commissioner of human services that it will not seek to receive an increase in its property-related payment rate as a result of the relocation. At the time of the licensure and certification of the nursing home beds, the commissioner of health shall delicense the same number of acute care beds within the existing complex of hospital buildings or building. Relocation of nursing home beds under this clause is subject to the limitations in section 144A.073, subdivision 5;

(m) to license or certify beds that are moved from an existing state nursing home to a different state facility, provided there is no net increase in the number of state nursing home beds;

(n) to license new nursing home beds in a continuing care retirement community affiliated with a national referral center engaged in substantial programs of patient care, medical research, and medical education meeting state and national needs that receives more than 40 percent of its residents from outside the state for the purpose of meeting contractual obligations to residents of the retirement community, provided the facility makes a written commitment to the commissioner of human services that it will not seek medical assistance certification for the new beds;

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(o) to certify or license new beds in a new facility on the Red Lake Indian reservation for which payments will be made under the Indian Health Care Improvement Act, Public Law Number 94-437, at the rates specified in United States Code, title 42, section 1396(b);

(p) to certify and license as nursing home beds boarding care beds in a certified boarding care facility if the beds meet the standards for nursing home licensure and if the cost of any remodeling of the facility does not exceed ten percent of the appraised value of the facility or \$200,000, whichever is less. If boarding care beds are licensed as nursing home beds, the number of boarding care beds in the facility must not increase in the future. The provisions contained in section 144A.073 regarding the upgrading of the facilities do not apply to facilities that satisfy these requirements; or

(q) to license and certify up to 40 beds transferred from an existing facility owned and operated by the Amherst H. Wilder Foundation in the city of St. Paul to a new unit at the same location as the existing facility that will serve persons with Alzheimer's disease and other related disorders. The transfer of beds may occur gradually or in stages, provided the total number of beds transferred does not exceed 40. At the time of licensure and certification of a bed or beds in the new unit, the commissioner of health shall delicense and decertify the same number of beds in the existing facility. As a condition of receiving a license or certification under this clause, the facility must make a written commitment to the commissioner of human services that it will not seek to receive an increase in its property-related payment rate as a result of the transfers allowed under this clause.

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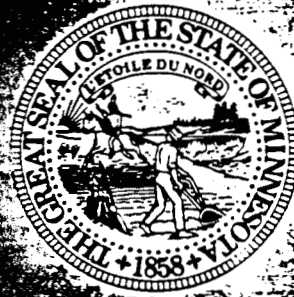
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STANDARDS FOR INSTITUTIONS

**OFFICIAL**

**DEPARTMENT OF HEALTH  
AND BOARDING CARE HOME RULES  
CHAPTERS 4638, 4655, AND 4660**

as in effect July 31, 1983,  
including amendments adopted  
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Prepared by

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CHAPTER 4638

DEPARTMENT OF HEALTH

HEALTH CARE FACILITIES GENERALLY

NOTE: Under Minnesota Statutes, section 144.011, the State Board of Health was abolished and all of its duties transferred to the commissioner of health.

4638.0200 PET ANIMALS IN HEALTH CARE FACILITIES.

Subp. 1. Definition. As used in this part, "health care facility" means a hospital, nursing home, boarding care home, or supervised living facility licensed by the Minnesota Department of Health under Minnesota Statutes, sections 144.50 to 144.56 or 144A.01 to 144A.17.

Subp. 2. Written policy. Every health care facility shall establish a written policy specifying whether or not pet animals will be allowed on the facility's premises. If pet animals are allowed on the premises, the policy must specify whether or not individual patients or residents will be permitted to keep pets. This policy must be developed only after consultation with facility staff and with patients or residents, as appropriate.

Subp. 3. Conditions. If pet animals other than fish are allowed on the premises, the following requirements must be met:

A. Written policies and procedures must be developed and implemented which specify the conditions for allowing pet animals on the premises.

B. The policies and procedures must:

(1) Describe the types of pet animals allowed on the facility's premises. This policy must be developed in consultation with a veterinarian and a physician.

(2) Describe the procedures for maintaining and monitoring the health and behavior of animals kept on the facility's premises. These procedures must be in accordance with a veterinarian's recommendations. A copy of these recommendations must be maintained in the facility.

(3) Identify those areas in the facility, in addition to those areas described in item F, where pet animals shall not be permitted.

C. Regardless of the ownership of any pet, the health care facility shall assume overall responsibility for any pets within or on the premises of the facility.

D. The health care facility shall ensure that no pet jeopardizes the health, safety, comfort, treatment, or well-being of the patients, residents, or staff.

E. A facility employee shall be designated, in writing, as being responsible for monitoring or providing the care to all pet animals and for ensuring the cleanliness and maintenance of facilities used to house pets. This rule does not preclude residents, patients, or other individuals from providing care to pet animals.

F. Except for guide dogs accompanying a blind or deaf individual and except in supervised living facilities with a licensed bed capacity of 15 beds or less, pet animals shall not be permitted in kitchen areas, in medication storage and administration areas, or in clean or sterile supply storage areas.

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MS s 144.573; 144A.30

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CHAPTER 4655

DEPARTMENT OF HEALTH

LICENSING, MAINTENANCE, AND OPERATION OF NURSING HOMES AND  
BOARDING CARE HOMES

NOTE: Under Minnesota Statutes, section 144.011, the State Board of Health was abolished and all of its duties transferred to the commissioner of health.

4655.0090 SCOPE.

The rules in chapter 4655 apply to both nursing homes and boarding care homes unless otherwise indicated.

MS s 144.56; 144A.02 to 144A.08

4655.0100 DEFINITIONS.

Subpart 1. Ambulatory. "Ambulatory" shall mean a patient or resident who is physically and mentally capable of getting in or out of bed and walking a normal path to safety, including the ascent and descent of stairs in a reasonable period of time without the aid of another person.

Subp. 2. Board and department. The term "board" as used in these rules shall mean the Minnesota State Board of Health. The term "department" shall mean the Minnesota Department of Health.

Subp. 3. Boarding care home. A "boarding care home" shall mean a licensed facility or unit used to provide care for aged or infirm persons who require only personal or custodial care and related services in accordance with these regulations. A boarding care home license is required if the persons need or receive personal or custodial care only. Nursing services are not required. Examples of personal or custodial care: board, room, laundry, and personal services; supervision over medications which can be safely self-administered; plus a program of activities and supervision required by persons who are not capable of properly caring for themselves.

Subp. 4. Convalescent and nursing care (C&NC) unit. A "convalescent and nursing care (C&NC) unit" is a nursing home unit operated in conjunction with a hospital where there is a direct physical connection between such unit and the hospital, which permits the movement of the patients and the provision of services without going outside the building or buildings involved. Such units are subject to these rules.

Subp. 5. Existing facility. "Existing facility" shall mean a nursing home or a boarding care home licensed prior to the effective date of these rules. It shall also mean a nursing home or boarding care home or addition under construction or for which final working drawings and specifications have been approved not more than one year prior to the effective date of these rules.

Subp. 6. Licensed nurse. A "licensed nurse" shall mean a registered nurse or a licensed practical nurse.

Subp. 7. Licensee. The "licensee" is the person or governing body to whom the license is issued. The licensee is held responsible for compliance with the applicable rules herein.

Subp. 8. Nursing home. Nursing homes:

A. A "nursing home" shall mean a licensed facility or unit used to provide care for aged or infirm persons who require

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